

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025692

1. Entity Name
CORBITT'S, INC.



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business
**950 PRIM AVENUE, #111
GRACEVILLE, FL 32440**

Mailing Address
**950 PRIM AVENUE, #111
GRACEVILLE, FL 32440**



07272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0424673	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORBITT, JAMES W
5383 MIXON STREET
GRACEVILLE, FL 32440**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORBITT, JAMES W
STREET ADDRESS	5383 MIXON STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	VD
NAME	CORBITT, JAMES W
STREET ADDRESS	1144 HWY 171
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	ST
NAME	CORBITT, GAIL
STREET ADDRESS	5383 MIXON STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/08/08-80005-001-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W. Corbett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08
Date

850 263 4855
Daytime Phone #